National Society for the Prevention of Blindness, Inc.
Member National Health Council
16 East 40th Street
New York 16, New York

STANDARDS FOR LOW VISION AIDS FACILITIES

Approved by the Committee on Low Vision Aids, National Society for the Prevention of Blindness, June 1962.*

1. Services shall be available to all age groups of visually handicapped applicants.

2. Patients may be directed from any source. They shall be required to show evidence of being under medical eye care. This care should be reasonably current (a medical eye examination within the last six months). If not under medical supervision, assistance should be given to obtain such care. Findings and recommendations of the low vision service should be reported to the source of referral as legally authorized by the patient.

3. Personnel and facilities to provide for care and follow-up of patients shall include: a Board-certified ophthalmologist as director; low vision aids specialist (qualified refractionist); optician or available opticianry service; medical social worker, and clerical staff. Personnel shall be designated and methods developed by the director for the purpose of training in the use of low vision aids.

4. Continuity of personnel to provide continuity of care to patients is essential. It would be preferable to have the director remain unchanged but if this is not feasible some other staff member, familiar with the patients' needs and problems, should be on a permanent basis.

5. Medical and technical personnel shall be properly qualified within their specialties.

* NSPB Ophthalmological Committee on Low Vision Aids: Richard E. Hoover, Gerald Fonda, A. A. Krieger, Benjamin Milder, Charles W. Tillett.

6. Facilities shall provide adequate space and equipment in a permanent location. One of several settings may be suitable, such as licensed practitioners' offices; hospitals and medical centers; health centers; community facilities for rehabilitation; agencies serving legally blind or visually handicapped persons. Physical and environmental standards which would include adequate lighting and freedom from distractions shall be met.

7. Standardized record forms, uniformly recording the necessary minimum number of items, shall be used and the data analyzed at regular intervals.

8. An adequate number of different types of usually acceptable aids shall be available for trial and training purposes.

9. A follow-up shall be initiated to ascertain whether the patient is using the aid. This inquiry shall be made in an appropriate manner and accomplished approximately two to three months following the purchase of the aid. If the patient experiences any difficulty, he shall be given an appointment to the service for a reevaluation. Further follow-up studies shall be encouraged.

10. Services shall expect to handle a caseload commensurate with prevalence of need in area served.

11. Services shall be established to cover a population group wide enough to make for continued competency of responsible personnel and greatest economy in operation compatible with relative ease of accessibility.

12. Referrals to other specialists or other clinics shall be made, when necessary or indicated, through the referring physician.

13. If the service is associated with a teaching institution the eye residents should be assigned for a specified period during their residency.

14. Policies governing acceptable referrals shall be liberal so as to serve all applicants who have visual impairment and could possibly benefit.

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